

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Robert Derek Lurch, Jr.

Write the full name of each plaintiff.

19 CV 9378
(Include case number if one has been assigned)

-against-

COMPLAINT

① The City of NY, ② John doe off-ccr m, ③ John
doe off-ccr(s), ④ NYC HHC, ⑤ Treating Phys: an, ⑥
corner store owner, ⑦ Yousuf Ahmed, ⑧ Fadhik

Do you want a jury trial?

☒ Yes ☐ No

ALSOLA: man:

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 10-10-19

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Robert D Lynch Jr.
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

1411904511
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

EMTC
Current Place of Detention

10-10 Hazen Street
Institutional Address

East Elmhurst NY 11370
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

- See attached -

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

① The City of New York

② John Doe Officer M. • Identifying Information - ③ Transferred Plaintiff to the hospital ④ Slammed Plaintiff on metal bench outside corner store ⑤ Was present in hospital with Plaintiff before he was relieved by Officer McDuffie and Officer Sean Boffa ⑥ Name is Mend or starting letters of name is S.M. ⑦ Officer is Caucasian, sk. dk and under 40 (or appears to be)

③ John Doe Officer(s) • Identifying Information - ④ Officers who responded to the scene

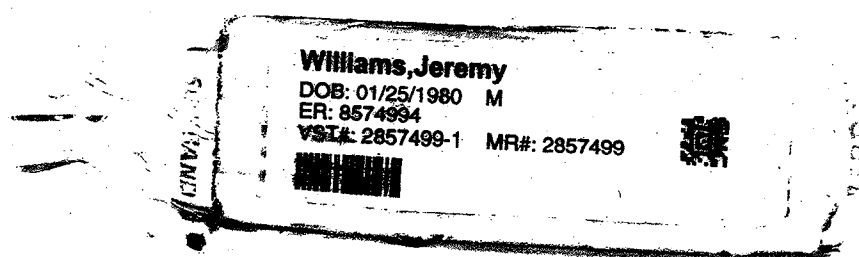
④ N.Y.C.H.C. • Identifying Information - ⑤ Kings County Hospital

⑤ Treating Physician • Identifying Information - ⑥ Treating Phys on for Jeremy Williams on Aug. 17, 2017 (Real Name Robert Derek Lusk Jr./ See attached hospital wristband)

⑥ Corner Store Owner • Identifying Information - ⑦ Owner of corner store located on the corner of Seabrook and Fulton Street (Brooklyn, NY) ⑧ Owner of store on 1961 Fulton Street (Brooklyn, NY)

⑦ Yousif Ahmed • Identifying Information - ⑧ Corner store employee ⑨ Store address: 1961 Fulton Street

⑧ Fadhe al Sulaman • Identifying Information - ⑨ Corner store employee ⑩ Store address: 1961 Fulton Street



V. STATEMENT OF CLAIM

Place(s) of occurrence: 1961 Fulton Street (corner Store/Brooklyn, NY), Kings County
hospital (Brooklyn, NY)

Date(s) of occurrence: Aug. 16 2019 (10 PM) - Aug. 17 2019 (4 AM)

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

- see Attached -

Facts of the Incident

Between the dates of August 16 to August 17 between the hours of 10 PM (Aug. 16) to 2 AM (Aug. 17), I entered a Bodega corner store on Saratoga and Fulton ave in Brooklyn, New York. I initially entered the store with the intentions of using the phone that was in the establishment (with permission) to call someone I knew from the neighborhood.

Immediately as I entered the store, I asked the person behind the register (a middle age man that was probably of middle eastern decent) to use the phone. He honored my request and informed me, I have to be quick. I notified him that in calling a female, I'll try to make it short.

The middle age man told me its okay and handed me the phone. Once I received the phone, I proceeded to call the female.

As the female and I conversated, people entered and exited the corner store. While I was on the phone, out of nowhere, the man behind the register got angry for no reason and instructed me to get off the phone.

I complied and gave him the phone. During the period of time between me hanging up and shortly after the man behind the register received the phone, a young man behind the counter (that was beside the middle age man) threatened me with a bat by brandishing it and threatening to use it.

Of course I was angry at this person words and informed them that they're not hitting me with a bat. Determined to assault me, these two store employees came from behind the counter by opening a door that surrounded the register and proceeded to swing a bat at me. This altercation continued all the way through the store's front door and abruptly stopped when I was hit in the head with the bat and the cops showed up. The cops that responded to the first incident (2 Caucasian officers) informed

they saw the whole confrontation that occurred on the outside and do I want to press charges against the store's employees, I politely declined and told the officers in a few words that basically I'm good (even though I wasn't). I walked away forgetting I left my Verizon bag with my personal information, like my wallet, outside in front of the store.

Shortly after I left the store, I met up with my lady friend and at that moment I realized that I no longer had my bag with me.

When I returned to the store to retrieve my bag (because at the time I wasn't aware that it was located outside the store), I was verbally threatened by the middle age man behind the counter in a nonchalant way. He taunted me by stating something to the effect of "you came back for more", this was said in front of my lady friend because she accompanied me.

I knew this employee uttered this statement to embarrass me in front of my lady friend, so I spitefully knocked merchandise off the counter that wouldn't break or be affected by my actions but would take long to clean up. The employee acted like he wasn't bothered by my act of revenge, so I knocked more merchandise to the floor that wouldn't be damaged (this time from the inside of the store).

While I was trying to tip the rack that held the merchandise over, I seen the employees gathering sticks and bats then running full force towards the other side of the counter enclosure. The other side of the enclosure was an easier exit route that the employees could use to get from behind the counter, so I ran to the enclosure exit to prevent the employees from chasing me and forcefully hitting me with their weapons.

I tried to disarm the first employee that exited the enclosure's exit with a bat by trying to grab the bat while throwing him to the ground, however, the blows delivered by the second employee (that was armed with a stick) to the back of my head minimized my efforts due to the damage it caused to my head.

As I went back and forth trying to disarm these two employees, I started to lose consciousness because of the injuries I was sustaining due to the impact of the weapons. So I made my way out the store while trying not to get hit too hard by the weapons that was striking me.

Once I finally made it out the store, I was bleeding from head to toe and my clothes were drenched with blood. As soon as I turned on Fulton, I encountered the police and was detained.

While I was detained and shortly after I was arrested (because the store employees decided to press charges), the officers on scene allowed the female I was with to assault me while I was handcuffed. When I tried to defend myself from being assaulted while handcuffed, the officer that rode with me to the hospital in the ambulance, slammed my face on a bench and slammed it into the bench. As this was going on, the female continued to assault me.

Subsequently, I was transported to the hospital in an ambulance with the Caucasian officer that assaulted me while handcuffed. I was then stitched and glued up by a doctor due to the injuries I sustained and released to police custody without receiving any pain medication. I was admitted to the hospital under the alias Jeremy Williams because I was afraid to give my real name to the EMTs due to legal reasons.

Right to be Free From Excessive Force

The Plaintiff has a fourth amendment right to be free from excessive force. The plaintiff was not afforded this right when he had his face slammed into a metal bench while handcuffed by a NYPD officer and had his face smashed into this same metal bench by this officer while the officer allowed a citizen to attack the plaintiff by striking him in the head with closed fist while being held down on this bench by this officer.

This officer's actions was not reasonable due to the fact that the plaintiff was only slammed after he was forced to defend himself from a hostile female citizen while handcuffed. The plaintiff did not resist arrest nor was he placed into a police car for his safety after being detained even though the NYPD knew he was a victim of a violent assault prior to being assaulted by this female citizen.

If these precautions were taken, which they should of been since the plaintiff was covered in blood (from head to toe), the plaintiff would of never been further injured by NYPD or another citizen. Furthermore this officer's actions was unreasonable because instead of slamming the plaintiff causing further injuries to his head, this officer could of just restrained the hostile citizen that was attacking the plaintiff while handcuffed.

Parties liable: John Doe officer (last name starts with an M and this officer transported me in ambulance), The City of New York

Failure to Intervene

Officers that responded to the scene observed a fellow officer slam me onto a metal bench (Face First) and smash my head into the bench. I was slammed into while handcuffed.

Now the officers couldn't anticipate that the officer that slammed me into the metal bench, would conduct himself in that manner, prior to the attack. However, once this officer exhibited this type of conduct, these officers were on alert that this officer might potentially attack the plaintiff again and was suppose to intervene to prevent any further harm.

Part 85.1(a)(1): The City of New York, shall do officers

Failure to Protect

When Nued decided to detain the plaintiff by physically grabbing him and arresting the plaintiff by handcuffing him, they had a duty to protect the plaintiff by ensuring his safety while in their custody.

These defendants failed to uphold this duty when they allowed a female citizen to attack the plaintiff while in their custody.

Prior to the plaintiff being arrested and while he was still being detained a female citizen that was with the plaintiff when he was assaulted by the corner store employees, began to allege that the plaintiff verbally threatened her.

The officers on scene failed to investigate her complaint and this female became hostile towards the plaintiff and the officers.

At that moment, the officers handcuffed the plaintiff but failed to remove the belligerent female from the scene. Even though this female citizen seemed to have an issue with the plaintiff prior to him being arrested and exhibited a belligerent demeanor.

Consequently, due to those defendants' failure to prevent a foreseeable violent confrontation between the plaintiff and this hostile female citizen while being handcuffed, this hostile female attacked the plaintiff after he was basically rendered defenseless by Nued restraints. She did this by striking the plaintiff in his head with her closed fist over 20 times while the plaintiff was standing handcuffed and while he was being restrained by an Nued officer on a bench after he was slammed face first.

Parties liable: The City of New York, SOBA and OFFICERS

Assault and battery

The two corner store employee defendants, Younas Ahmed and Fadhle ALSOLA man, on the dates and times described in the facts of the incident, did brandish a metal bat, threaten to injure the Plaintiff with it, unlatched a door to exit the counter enclosure that prevented customers and employees from making physical contact other than to exchange money to enforce their criminal threat and proceeded to attack the Plaintiff. The Plaintiff defended himself to the best of his ability, however, because weapons were used to strike the Plaintiff, it still sustained numerous injuries.

These defendants committed this act twice in the space of one hour. During the second attack, one defendant used a heavy wooden stick while the other wielded a metal bat.

Parties liable: ① corner store owner, ② Younas Ahmed and ③ Fadhle ALSOLA man.

cruel and unusual punishment

under the 8th amendment

Between the dates of Aug. 16, 2019 to Aug. 17, 2019 and between the hours of 10 PM to 4 AM, I entered 1961 Fulton Street (a convenience store) and politely asked to use the phone. The employee behind the register said "ok" and handed me the phone. Once I received the device, I proceeded to make a call.

After my call connected and I started talking, the employee that handed me the phone informed me not to be all day on the phone. I shook my head up and down assuring that I understood and continued talking. A couple minutes after I started my conversation, the store employee who handed me the phone rudely informed me to end my conversation; immediately when I didn't comply I got away, I was threatened with a bat and shortly after that I was assaulted with.

The treatment that I received from this establishment was cruel and unusual. I was assaulted with a bat for not immediately acting off of a phone that I was given permission to use.

Subsequently, Even when I tossed merchandise off the counter after I was threatened by these employees, they wasn't justified by my actions to assault me with bats and sticks. The merchandise didn't break, I didn't steal anything and IF they wanted to take action, Legally they were only allowed by law to call the police not assault me with bats and sticks. Their actions were barbaric and uncivilized.

Parties Liable: ① corner store owner, ② youhas affirmed and ③ Fadhle alsharman.

Denial of adequate

Medical care

after I sustained severe injuries to my head and body because I was assaulted by several weapons, a female citizen and a police officer/ I was taken to Kings County hospital and received stitches then I was discharged.

I did not receive an xray or a CT scan neither was I given pain medication for my injuries. Because of the severity of the injuries I suffered, I was suppose to receive better medical treatment. However, because these defendants failed to do so, I was denied adequate medical care.

Parties Liable: NYCHHC, A Treating Physician

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I suffered injuries to my head/arms, knees that healed but left scars and during the healing process I endured severe pain. I sustained lacerations to my forehead that required stitches and glue to close the wounds. I also had bumps and bruises all over my body that took weeks to subside and for my physical appearance to return to normal. Furthermore, I suffered physical and mental trauma.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

① I'm suing The City of New York and NycHHC for compensatory damages in the amount of \$10 million dollars each and ② I'm suing each individual defendant for compensatory and punitive damages in the amount of \$5 million dollars each

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

9/26/2019
Dated _____ Plaintiff's Signature [Signature]

Robert D Lurch
First Name Middle Initial Last Name

PO BOX 340807
Prison Address _____

Bronx NY 10454
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 9/26/2019

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Robert Derek Lorch Jr.

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV () ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

"See Front Page of Complaint"

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated?

☒ Yes

☐ No (If "No," go to Question 2.)

I am being held at:

EMTC

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed?

☐ Yes

☒ No

If "yes," my employer's name and address are:

Gross monthly pay or wages: _____

If "no," what was your last date of employment? never employed for more than 4 days

Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes

☒ No

(b) Rent payments, interest, or dividends

☐ Yes

☒ No

- | | | |
|---|---|--|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (g) Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

24 \$

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

NO

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

NO

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

NONE

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

NO

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

9/28/2019
Dated


Signature

Lorch, Robert D.
Name (Last, First, MI)

1411904511
Prison Identification # (if incarcerated)

PO BOX 540807
Address

BRONX
City

NY
State
10454
Zip Code

Telephone Number

E-mail Address (if available)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SDNY PRISONER OFFICE
2019 OCT 10 AM 9:54

Robert Derek Lurch Jr.
(full name of the plaintiff/petitioner)

-against-

CV () ()
(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

"See Front Page of Complaint"

(full name(s) of the defendant(s)/respondent(s))

PRISONER AUTHORIZATION

By signing below, I acknowledge that:

- (1) because I filed this action as a prisoner,¹ I am required by statute (28 U.S.C. § 1915) to pay the full filing fees for this case, even if I am granted the right to proceed *in forma pauperis* (IFP), that is, without prepayment of fees;
- (2) the full \$350 filing fee will be deducted in installments from my prison account, even if my case is dismissed or I voluntarily withdraw it.

I authorize the agency holding me in custody to:

- (1) send a certified copy of my prison trust fund account statement for the past six months (from my current institution or any institution in which I was incarcerated during the past six months);
- (2) calculate the amounts specified by 28 U.S.C. § 1915(b), deduct those amounts from my prison trust fund, and disburse those amounts to the Court.

This authorization applies to any agency into whose custody I may be transferred and to any other district court to which my case may be transferred.

9/26/2019
Date

[Signature]
Signature

Lurch, Robert D.
Name (Last, First, MI)

1411904511
Prison Identification #

Address City State Zip Code

¹ A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).

Declaration of Perjury in Support

OF JFS APPLICATION

I, Robert Derek Lurch, Sr. declare under the penalty of perjury that the following information below is true and correct:

① On Jan 29, 2019 I received \$15,000 as part of a settlement agreement; however, due to bad financial decisions, I no longer have any funds left from that settlement or any other sources.

Executed on: Sept 28, 2019

Name: Robert Derek Lurch Sr.

Signature:  address: 10-10 Hazen Street

City: East Elmhurst

State: NY

Zip code: 11370

NYCHHC records

Kings County HHC
NYCDOC Health Clin

MEDICAL Records

Exh: b: ts

9. to Oct.

2019

"EXHIBIT A"

Wound Care Records

"For Injury (laceration to right side
of the face) caused by John Doe
Officer M. Slapping Plaintiff's face
into a bench"

AUG

2019



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

08/20/2019 - Nursing: " I NEED WOUND CARE FOR THE WOUND ON MY FOREHEAD."

Provider: Kimberly Sue MD

Location of Care: Correctional Health Services

NU - VITAL SIGNS

Previous Height: 69 (08/18/2019 10:13:17 AM) Previous Weight: 153 (08/18/2019 10:13:17 AM)

BMI: 22.68 Sitting BP: 109 / 68

Temperature: 97.8 Temperature site: Oral

Pulse rate: 62 Pulse rhythm: Regular

Respirations: 15 Respiration Type: Regular

Pulse Ox% 99 Room Air: Yes Vital Signs Notes: VITALS PERFORMED BY B.JAMES, LPN

MED - Sick Call Visit

Chief Complaint/Reason for Visit: " I NEED WOUND CARE FOR THE WOUND ON MY FOREHEAD."

History of Present Illness: 28M requesting wound care order for small right laceration on forehead reportedly from getting hit in the head with a bat on Friday 8/16/19. Pt reports history of going to King's County where he was reportedly sutured and CT/X-ray head were done. Pt does not know the results of these. He states he was no given pain medication or wound care since he has been incarcerated. Requesting wound care order.

MED - Physical Examination

General

General Appearance: Well-developed, Well-Hydrated, Appears stated age, Thin

General Examination Notes: Increasingly agitated and angry throughout the exam process

HEENT: Notes 2cm abrasion visible above right eye, c/d/i, scant blood

Mental Status

Mood & Affect: Agitated

Assessment and Plan

Assessment and Plan

Problem # 1:

Laceration without foreign body of unspecified part of head - initial encounter (ICD-873.8) (ICD10-S01.91xA)

Pt became extremely agitated, asking for wound care order at request of LPN James

- will place wound care order to clean and apply dry dressing x 5 days

Pt agitated, wanting to take/write the names of previous providers down, when upon review of notes that



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

his head CT and x-ray were reported negative from King's County, pt became extremely agitated, wanting to take down names of this provider and previous providers, for his attorney, pt was instructed to call 311 or to call his attorney.
Visit terminated with help of CO

Allergy Review * HALADOL (Critical)

Allergies reviewed: YES

Summary

Added new Service order of Nursing Order - Wound Care (WOUNDCARE) - Signed

Existing Meds

IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 400 mg twice a day; Route: ORAL

Electronically signed by Kimberly Sue MD on 08/20/2019 at 1:21 PM

08/20/2019 - MH Initial MH Asmt and Tx Plan: MH - Initial Mental Health Assessment and Treatment Plan

Provider: Bianca Morisset

Location of Care: Correctional Health Services

MH - Initial Mental Health Assessment and Treatment Plan

Patient:

ROBERT LURCH

DOB:

11/28/1990

Age:

28 Years Old

Book & Case #:

1411904511

NYSID:

12684777N

Facility:



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

PATIENT NAME: ROBERT LURCH	LATEST BOOK AND CASE#: 1411904511
NYSID: 12684777N	PATIENT FACILITY: EMTC

Imported By: Elizabeth Ogaldez 8/27/2019 12:12:57 PM

External Attachment:

Type: Image
Comment: External Document

Signed before import by Elizabeth Ogaldez
Filed automatically on 08/27/2019 at 12:13 PM

08/21/2019 - Nursing: NU - Wound Care
Provider: Bernadette James
Location of Care: Correctional Health Services

NU - Wound Care

ROBERT LURCH

BKDC

Wound Care 1

Description (Wound 1): Laceration
Location (Wound 1): Anterior, Face, RIGHT SIDE
Drainage (Wound 1): Moderate, Sanguinous
Wound Bed (Wound 1): Granulation tissue
Wound Margins (Edges) (Wound 1): Attached
Pain (Wound 1): At site, Only when touched

Wound Care Flowsheet

NU - VITAL SIGNS

Previous Height: 69 (08/18/2019 10:13:17 AM) Previous Weight: 153 (08/18/2019 10:13:17 AM)
BMI: 22.68 Sitting BP: 112 / 69
Temperature: 97.6 Temperature site: Oral
Pulse rate: 60 Pulse rhythm: Regular
Respirations: 16 Respiration Type: Regular



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

NU - Wound Care

ROBERT LURCH

BKDC

Wound Care 1

Description (Wound 1): Laceration

Location (Wound 1): Anterior, Face

Drainage (Wound 1): None

Wound Bed (Wound 1): Granulation tissue

Wound Margins (Edges) (Wound 1): Attached

Pain (Wound 1): At site, Only when touched

Wound Care Flowsheet

NU - VITAL SIGNS

Previous Height: 69 (08/18/2019 10:13:17 AM) **Previous Weight:** 153 (08/18/2019 10:13:17 AM)

BMI: 22.68 **Sitting BP:** 109 / 68

Temperature: 97.8 **Temperature site:** Oral

Pulse rate: 62 **Pulse rhythm:** Regular

Respirations: 16 **Respiration Type:** Regular

Pulse Ox% 99 Room Air: Yes

Electronically signed by Bernadette James on 08/20/2019 at 3:02 PM

08/20/2019 - Lab Report: Chlamydia/N. Gonorrhea CT/GC PCR Urine

Provider: Lourdes Cantor PA

Location of Care: Correctional Health Services

Patient: ROBERT LURCH

ID: BIOR 108064988

Note: All result statuses are Final unless otherwise noted.

Tests: (1) Chlamydia/N. Gonorrhea CT/GC PCR Urine (L344-1)

C trach rRNA Ur Q1 N Not Detected Not Detected *1

NOTE: The cobas (R) Chlamydia trachomatis (CT)/Neisseria gonorrhoeae (NG) v2.0 using the cobas (R) 4800 or Chlamydia trachomatis (CT)/Neisseria gonorrhoeae

(NG) on the cobas (R) 8800 detects DNA using Polymerase Chain Reaction



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

PATIENT NAME: ROBERT LURCH	LATEST BOOK AND CASE#: 1411904511
NYSID: 12684777N	PATIENT FACILITY: EMTC

(PCR) technology; the assay is FDA cleared for urine and swab samples.
 N gonorrhoea rRNA U Not Detected Not Detected *2
 NOTE: The cobas (R) Chlamydia trachomatis (CT)/Neisseria gonorrhoeae (NG) v2.0
 using the cobas (R) 4800 or Chlamydia trachomatis (CT)/Neisseria
 gonorrhoeae
 (NG) on the cobas (R) 8800 detects DNA using Polymerase Chain Reaction
 (PCR) technology; the assay is FDA cleared for urine and swab samples.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 08/20/2019 1:27 PM

(1) Order result status: Final
 Collection or observation date-time: 08/20/2019 13:22
 Requested date-time: 08/18/2019 13:45
 Receipt date-time: 08/18/2019 21:02
 Reported date-time: 08/20/2019 13:21
 Referring Physician:
 Ordering Physician: CHARLES ONICA (charlesol)
 Specimen Source:
 Source: BIOR
 Filler Order Number: 108064988
 Lab site: BioReference Laboratories, Inc.
 Producer ID *1:NJ1
 Producer ID *2:NJ1

Electronically signed by Lourdes Cantor PA on 08/20/2019 at 2:43 PM

08/20/2019 - Lab Report: QFT- TB GOLD PLUS
Provider: Lourdes Cantor PA
Location of Care: Correctional Health Services

Patient: ROBERT LURCH
 ID: BIOR 108065091

Note: All result statuses are Final unless otherwise noted.

Tests: (1) QFT- TB GOLD PLUS (T814-3)

M TB IGNF Bld Q1	NEGATIVE	NEGATIVE	*1
Gamma interferon bg	0.01 IU/mL		*2
M TB IGNF bckgrd cor	0.00 IU/mL		*3
! COMP.TB2 AG-NIL VALU	0.00 IU/mL		*4
Mitogen IGNF bckgrd	3.35 IU/mL		*5



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

Description (Wound 1): Other
Location (Wound 1): Face
Length (cm) (Wound 1): 2
Width (cm) (Wound 1): 0.5
Drainage (Wound 1): None
Pain (Wound 1): None

Wound Care Flowsheet

Electronically signed by Jo Maslow on 08/23/2019 at 5:35 PM

08/22/2019 - Nursing: NU - Wound Care
Provider: Bernadette James
Location of Care: Correctional Health Services

NU - Wound Care

ROBERT LURCH

BKDC

Wound Care 1

Description (Wound 1): Laceration
Location (Wound 1): Face, RIGHT SIDE
Drainage (Wound 1): Moderate, Sanguinous
Wound Bed (Wound 1): Granulation tissue
Pain (Wound 1): At site, Only when touched

Wound Care Flowsheet

NU - VITAL SIGNS

Previous Height: 69 (08/18/2019 10:13:17 AM) Previous Weight: 153 (08/18/2019 10:13:17 AM)
BMI: 22.68 Sitting BP: 122 / 69
Temperature: 97.1 Temperature site: Oral
Pulse rate: 60 Pulse rhythm: Regular
Respirations: 15 Respiration Type: Regular
Pulse Ox% 97 Room Air: Yes



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

08/24/2019 - Nursing: NU - Wound Care
Provider: Kinniece Pearson
Location of Care: Correctional Health Services

NU - Wound Care

ROBERT LURCH

BKDC

Wound Care 1

Description (Wound 1): Laceration

Location (Wound 1): Face

Drainage (Wound 1): None

Wound Bed (Wound 1): Granulation tissue

Pain (Wound 1): None

Wound Care Flowsheet

Electronically signed by Kinniece Pearson on 08/24/2019 at 11:43 AM

08/23/2019 - Nursing: NU - Wound Care
Provider: Jo Maslow
Location of Care: Correctional Health Services

NU - Wound Care

ROBERT LURCH

BKDC

Wound Care 1



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

WITHOUT FOREIGN BODY OF UNSPECIFIED PART OF HEAD, INITIAL ENCOUNTER - Signed
 Rx of HYDROCORTISONE 1% OINTMENT 30 GM 30 GM (HC OINT 30 GM) (HYDROCORTISONE)
 topical to affected area twice a day; Route: EXTERNAL #1 x 0; Signed; Entered by: Latoya Betton NP;
 Authorized by: Latoya Betton NP; Method used: Handwritten; Note to Pharmacy: Route: EXTERNAL;

Electronically signed by Latoya Betton NP on 08/26/2019 at 11:36 AM

08/26/2019 - Housing: Location Change (BKDC 8B)
 Provider: LinkLogic
 Location of Care: CHS

Location has been changed from BKDC 6B to BKDC 8B
 08/25/2019 - Nursing: NU - Wound Care
 Provider: Kinniece Pearson
 Location of Care: Correctional Health Services

NU - Wound Care

ROBERT LURCH

BKDC

Wound Care 1

Description (Wound 1): Laceration
 Location (Wound 1): Face
 Drainage (Wound 1): None
 Wound Bed (Wound 1): Granulation tissue
 Wound Margins (Edges) (Wound 1): Approximated
 Pain (Wound 1): None

Wound Care Flowsheet

Electronically signed by Kinniece Pearson on 08/25/2019 at 10:23 AM



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

Electronically signed by Bernadette James on 08/27/2019 at 1:24 PM

08/26/2019 - Nursing: NU - Wound Care
Provider: Bernadette James
Location of Care: Correctional Health Services

NU - Wound Care

ROBERT LURCH

BKDC

Wound Care 1

Description (Wound 1): Laceration
Location (Wound 1): Face, RIGHT SIDE
Drainage (Wound 1): None
Wound Bed (Wound 1): Granulation tissue
Pain (Wound 1): None

Wound Care Flowsheet

NU - VITAL SIGNS

Previous Height: 69 (08/18/2019 10:13:17 AM) Previous Weight: 153 (08/18/2019 10:13:17 AM)
BMI: 22.68 Sitting BP: 117 / 65
Temperature: 98.3 Temperature site: Oral
Pulse rate: 76 Pulse rhythm: Regular
Respirations: 15 Respiration Type: Regular
Pulse Ox% 99 Room Air: Yes

Electronically signed by Bernadette James on 08/26/2019 at 12:12 PM

08/26/2019 - Sick Call: FAST TRACK Right facial healing laceration
Provider: Latoya Betton NP
Location of Care: CHS



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

MED - Sick Call Visit

FAST TRACK

Chief Complaint/Reason for Visit: **Right facial healing laceration**

History of Present Illness: **wound re-evaluation to right side of forehead. Patient will receive an additional two days of wound care. No acute distress noted.**

MED - Physical Examination

General

General Appearance: No Acute Distress, Appears stated age

HEENT: Eyes PERRLA, Conjunctiva Clear

Skin

Inspection: Laceration(s)

Laceration (Location & Size): healing laceration to the right side of face

Respiratory

Respiratory Effort: No respiratory distress

Auscultation: Clear to auscultation bilaterally

Cardiovascular

Auscultation: Normal S1 + S2

Musculoskeletal

Gait & Station: Normal

Mental Status

Judgement & Insight: Good

Mood & Affect: Normal affect

*** HALADOL (Critical)**

Allergies reviewed: YES

Summary

Assessed Laceration without foreign body of unspecified part of head, initial encounter as unchanged

Added new Service order of Nursing Order - Wound Care (WOUNDCARE) - Signed

Added new medication of HYDROCORTISONE 1% OINTMENT 30 GM 30 GM (HC OINT 30 GM)

(HYDROCORTISONE) topical to affected area twice a day; Route: EXTERNAL Indications: LACERATION



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

NU - VITAL SIGNS

Previous Height: 69 (08/18/2019 10:13:17 AM) Previous Weight: 153 (08/18/2019 10:13:17 AM)
 BMI: 22.68 Sitting BP: 132 / 80
 Temperature: 97.7 Temperature site: Oral
 Pulse rate: 84 Pulse rhythm: Regular
 Respirations: 15 Respiration Type: Regular
 Pulse Ox% 97 Room Air: Yes

Electronically signed by Bernadette James on 08/28/2019 at 2:10 PM

08/27/2019 - Nursing: NU - Wound Care
 Provider: Bernadette James
 Location of Care: Correctional Health Services

NU - Wound Care

ROBERT LURCH

BKDC

Wound Care 1

Description (Wound 1): Laceration, Other
 Please describe other kind of wound (Wound 1): HEALING LACERATION
 Location (Wound 1): RIGHT SIDE
 Drainage (Wound 1): Sanguinous, Scant
 Wound Bed (Wound 1): Granulation tissue
 Pain (Wound 1): None

Wound Care Flowsheet

NU - VITAL SIGNS

Previous Height: 69 (08/18/2019 10:13:17 AM) Previous Weight: 153 (08/18/2019 10:13:17 AM)
 BMI: 22.68 Sitting BP: 133 / 71
 Temperature: 97.8 Temperature site: Oral
 Pulse rate: 74 Pulse rhythm: Regular
 Respirations: 16 Respiration Type: Regular
 Pulse Ox% 98 Room Air: Yes



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

ROBERT LURCH

BKDC

ROBERT LURCH

ROBERT LURCH

BKDC

Health Home Information

Health Home Lookup Date: 08/28/2019

Health Home Agency: Coordinated Behavioral Care Inc

Health Home Status: Outreach

Active or Inactive: Inactive

Electronically signed by Shanika Ewart-Ashfaq on 08/28/2019 at 3:48 PM

08/28/2019 - Nursing: NU - Wound Care

Provider: Bernadette James

Location of Care: Correctional Health Services

NU - Wound Care

ROBERT LURCH

BKDC

Wound Care 1

Description (Wound 1): Other

Please describe other kind of wound (Wound 1): HEALING LACERATION

Location (Wound 1): Anterior, Face, RIGHT SIDE

Drainage (Wound 1): None, Scant, Serosanguinous

Wound Bed (Wound 1): Granulation tissue

Pain (Wound 1): At site, Decreasing, Only when touched

Wound Care Flowsheet



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

08/29/2019 - Nursing: NU - Vital Signs
Provider: Bernadette James
Location of Care: Correctional Health Services

NU - VITAL SIGNS

Previous Height: 69 (08/18/2019 10:13:17 AM) Previous Weight: 153 (08/18/2019 10:13:17 AM)
BMI: 22.68 Sitting BP: 130 / 78
Temperature: 98.9 Temperature site: Oral
Pulse rate: 84 Pulse rhythm: Regular
Respirations: 16 Respiration Type: Regular
Pulse Ox% 99 Room Air: YesVital Signs Notes: VITALS PERFORMED FOR THIS WOUND CARE
ORDER RESOLUTION. B.JAMES,LPN

Electronically signed by Bernadette James on 08/29/2019 at 2:54 PM

08/29/2019 - Nursing: NU - Wound Care
Provider: Kimberly Sue MD
Location of Care: Correctional Health Services

NU - Wound Care

ROBERT LURCH

BKDC

Wound Care 1

Description (Wound 1): Other
Please describe other kind of wound (Wound 1): HEALED LACERATION WITH SCABBING
Location (Wound 1): Face, RIGHT SIDE
Drainage (Wound 1): None
Wound Bed (Wound 1): Granulation tissue
Pain (Wound 1): None



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

Patient Information

Disposition: Completed

Additional Patient Documentation: Request of nursing JAMES

Wound Care Flowsheet

NU - VITAL SIGNS

Previous Height: 69 (08/18/2019 10:13:17 AM) **Previous Weight:** 153 (08/18/2019 10:13:17 AM)

BMI: 22.68 **Sitting BP:** 130 / 78

Temperature: 98.9 **Temperature site:** Oral

Pulse rate: 80 **Pulse rhythm:** Regular

Respirations: 16 **Respiration Type:** Regular

Pulse Ox%: 99 **Room Air:** Yes **Vital Signs Notes:** VITALS DONE FOR THIS WOUND CARE RESOLUTION. B.JAMES, LPN

Electronically signed by Kimberly Sue MD on 08/29/2019 at 2:59 PM

08/29/2019 - MH Psych Reevaluation: MH - Psychiatry – Medication Reevaluation

Provider: Danielle Kushner MD

Location of Care: Correctional Health Services

MH - Psychiatry - Medication Reevaluation

Patient:

ROBERT LURCH

DOB:

11/28/1990

Age:

28 Years Old

Book & Case #:

1411904511

NYSID:

12684777N

Facility:

BKDC

Housing Area:

4B

"EXHIBIT B"

Medical Treatment of Prisoner Records

"Documenting injuries caused by Younus Ahmed and Fadhle al Sulaimani but fails to list the officer who actually escorted the Plaintiff to Kings County Hospital in an ambulance and also omits the injuries the Plaintiff described that officer caused (The escorting officer was a white male with his last name starting with M and it wasn't the arresting officer by the name of McDuffie who arrived when the Plaintiff was already at the hospital.)"

APG

2019

MEDICAL TREATMENT OF PRISONER FD 244-1-2 (Rev. 02-18)		CAD No.		Medical Treatment of Prisoner No.	
T.R.I. Incident No.		AED/CPR Log No.		Naloxone/Narcan Log No.	
8/17/19		8/17/19		8/17/19	
SECTION I - TO BE COMPLETED BY ARRESTING/ESCORTING OFFICER					
Prisoner's Name (Last, First, M.I.) (Print)				Age	Sex
JAMES ROBERT				19	M
Address				Zip Code	Telephone No.
641 EAST 19TH STREET				10455	
Arresting/ Escorting Officer		Signature		Shield No.	Tax No.
J. J. M. J. J.		[Signature]		15305	966702
Arrest No.		Charge		Complaint	
K 196422102		X PL 120.001 Assault / PL 145.001 Caim Mis			
CWA Used?		AED Used?		Aided Resuscitated?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Use		Informed by		Naloxone/Narcan Used?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Administered By		Agency		Responded to Naloxone/Narcan?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
Prisoner Refused Medical Aid		Prisoner Refused Medical Aid		Prisoner's Signature	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		[Signature]	
Type of Aid: <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Psychological		Prisoner Refused Medical Aid		Date	
				8/17/19	
Transported to Hospital (Name)		Via Patrol		RMP No.	
PCA		33A		1530	
Returned From Hospital		Nature Of Illness/Injury		PCR No.	
Date 8/17/19 Time 0730		Lacerations		8/17/19	
Resuscitation Used		E-S-11 Responded		If Yes, Respondent's Rank (Print) Name (Last, First, M.I.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		[Signature]	
Prescription Received		Prescription Number And Name Of Physician		Pharmacy/Phone No.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Remarks:					
Arrest was Prisoner complained again prior to arrest. Suffered injuries to Right Hand, laceration to Left Elbow, left Wrist and hand fingers with two lacerations on teeth prior to arrest.					
Prisoner Refused Medical Aid		Prisoner Refused Medical Aid		Prisoner Refused Medical Aid	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
In The Field		At The Command		Within The Court Section	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
E.M.S. Field Personnel		Signature		Date	
G. G. G.		[Signature]		8/17/19	
NYPD Supervisor/Deputy Officer		Signature		Date	
		[Signature]		8/17/19	
SECTION II					
Rank (Print) Name (Last, First, M.I.)		Shield No.		Tax No.	
[Signature]		[Signature]		[Signature]	
Rank (Print) Name (Last, First, M.I.)		Shield No.		Tax No.	
[Signature]		[Signature]		[Signature]	
Rank (Print) Name (Last, First, M.I.)		Shield No.		Tax No.	
[Signature]		[Signature]		[Signature]	
Admitted To Hospital		Suicide Watch Recommended By		Transfer to Psychiatric Hospital Recommended	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Medication Prescribed		Medication To Be Taken As Prescribed		Medication To Be Taken As Prescribed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Medication To Be Taken As Prescribed		Medication To Be Taken As Prescribed		Medication To Be Taken As Prescribed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
First Name (Last, First, M.I.) Hospital/Medical Staff		Signature of Hospital/Medical Staff		Title	
J. J. J.		[Signature]		MD	
E.M.S. Court Section		Signature		Date	
[Signature]		[Signature]		8/17/19	
NYPD Desk Officer/ Court Section Supervisor		Signature		Date	
[Signature]		[Signature]		8/17/19	
Received By		Signature		Date	
[Signature]		[Signature]		8/17/19	
Department Of Corrections		Signature		Date	
[Signature]		[Signature]		8/17/19	
DISTRIBUTION: 1. WHITE. 2. BLUE. 3. PINK - DEPT. OF CORRECTIONS. 4. BUFF - CMD. OF ARREST. 5. GREEN - ARRAIGNING JUDGE.					
(Receipt will be obtained by Escorting Officer on PINK COPY and returned to COURT SECTION facility. Upon receipt of PINK COPY, COURT SECTION Supervisor will remove BUFF COPY from FILE and forward it to COMMAND OF ARREST FOR FILE.)					
NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITAL CORPORATION (HHC) PERSONNEL.					

Form 330-ADM (02/10/11)

State of New York
COMMISSION OF CORRECTION
Office of Mental Health

SUICIDE PREVENTION SCREENING GUIDELINES

DETAINEE'S NAME <i>Lurch, Robert</i>	SEX <i>M</i>	DATE OF BIRTH <i>1/18/10</i>	MOST SERIOUS CHARGE(S) <i>VOP</i>	DATE <i>8/17/19</i>	TIME <i>2354</i>
NAME OF FACILITY <i>CCH</i>		NAME OF SCREENING OFFICER <i>Chavarras</i>		(Does detainee have prior ADM 330 file?) YES <input type="checkbox"/> If yes, review NO <input type="checkbox"/>	
Book and Case #		Check appropriate column for each question		NYSID # <i>12684777N</i>	

	Column A YES	Column B NO	General Comments/Observations All "YES" Responses Require Note to Document
OBSERVATIONS OF ARRESTING/TRANSPORTING OFFICER			
1. Arresting or transporting officer believes or has received information that detainee may be a suicide risk. If YES, notify supervisor.			
PERSONAL DATA			
2. Significant loss of family or friends in the community. (e.g., death of close family member)			
3. Significant loss within the last six months (e.g., death of close family member)			
4. Significant problems other than legal situation (e.g., family problems, a medical condition or fear of losing job)			
5. Significant other (spouse, parent, close friend, lover) is suicidal			
6. Significant alcohol abuse. (Note drug and when last used.)			
7. Involvement in mental health evaluation/treatment (medications and name of most recent treatment agency)			
8. Recent embarrassment, shame, or feelings of humiliation, rejection (e.g., Are you worried arrest/incarceration will cause family?) If YES, notify supervisor.			
9. Killing self.			
10a. Detainee has previous suicide attempt. (Explore method and check for scars.)			
b. Attempt occurred within last year. If YES, notify supervisor.			
11. Detainee is expressing feelings of hopelessness (nothing to look forward to). If YES, notify supervisor.			
12. This is detainee's first incarceration in lockup/jail.			
BEHAVIOR/APPEARANCE			
13. Detainee shows signs of depression (e.g., crying, emotional lability).			
14. Detainee appears overly anxious, panicked, afraid or angry.			
15. Detainee is displaying unusual behaviors or is acting and/or talking in a strange manner (e.g., cannot focus attention, hearing or seeing things which are not there).			
16a. Detainee is apparently under the influence of alcohol or drugs.			
b. Detainee self reports or is showing signs of withdrawal from alcohol or drugs.			
c. Detainee is incoherent, disoriented, or showing signs of mental illness. If YES to b or c, notify supervisor.			
TOTAL Column A <i>0</i>			
Officer's Comments/Impressions <i>YES DIVERNE FILE</i>			
ACTION If total checks in Column A are 5 or more, or any shaded box is checked, or if you feel it is necessary, institute constant supervision and notify supervisor.			
Constant Supervision Instituted: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Supervisor Notified: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Detainee Referred to Medical/Mental Health		EMERGENCY	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		medical <input type="checkbox"/> mental health <input type="checkbox"/>	
		NON-EMERGENCY	
		medical <input type="checkbox"/> mental health <input type="checkbox"/>	
Signature and Badge Number of Screening Officer: <i>Chavarras 718609</i>			
Signature and Badge Number of Supervisor: (If required)			

WHITE: (Facility File)

YELLOW: (Medical/MH Referral or Facility Transfer)

Over

NYCHHC (NYCDOC)
Health Clinic

"EXHIBIT C"

NYCDOC Health Clinic Records

"Establishing Kings County hospital discharge records that were transferred to the custody of NYCDOC healthcare professionals gives off the false impression to these professionals that CT scans and x-rays were done on the plaintiff. These procedures were not done and only written in the Plaintiff's medical records from Kings County hospital because due to the severity of the injuries the plaintiff sustained, these tests were supposed to be conducted.

Aug

2019



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

08/20/2019 - Nursing: " I NEED WOUND CARE FOR THE WOUND ON MY FOREHEAD."
Provider: Kimberly Sue MD
Location of Care: Correctional Health Services

NU - VITAL SIGNS

Previous Height: 69 (08/18/2019 10:13:17 AM) Previous Weight: 153 (08/18/2019 10:13:17 AM)
BMI: 22.68 Sitting BP: 109 / 68
Temperature: 97.8 Temperature site: Oral
Pulse rate: 62 Pulse rhythm: Regular
Respirations: 15 Respiration Type: Regular
Pulse Ox% 99 Room Air: Yes Vital Signs Notes: VITALS PERFORMED BY B.JAMES, LPN

MED - Sick Call Visit

Chief Complaint/Reason for Visit: " I NEED WOUND CARE FOR THE WOUND ON MY FOREHEAD."
History of Present Illness: 28M requesting wound care order for small right laceration on forehead reportedly from getting hit in the head with a bat on Friday 8/16/19. Pt reports history of going to King's County where he was reportedly sutured and CT/X-ray head were done. Pt does not know the results of these. He states he was no given pain medication or wound care since he has been incarcerated. Requesting wound care order.

MED - Physical Examination

General

General Appearance: Well-developed, Well-Hydrated, Appears stated age, Thin

General Examination Notes: Increasingly agitated and angry throughout the exam process

HEENT: Notes 2cm abrasion visible above right eye, c/d/i, scant blood

Mental Status

Mood & Affect: Agitated

Assessment and Plan

Assessment and Plan

Problem # 1:

Laceration without foreign body of unspecified part of head - initial encounter (ICD-873.8) (ICD10-S01.91xA)

Pt became extremely agitated, asking for wound care order at request of LPN James

- will place wound care order to clean and apply dry dressing x 5 days

Pt agitated, wanting to take/write the names of previous providers down, when upon review of notes that



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

his head CT and x-ray were reported negative from King's County, pt became extremely agitated, wanting to take down names of this provider and previous providers, for his attorney, pt was instructed to call 311 or to call his attorney.

Visit terminated with help of CO

Allergy Review * HALADOL (Critical)

Allergies reviewed: YES

Summary

Added new Service order of Nursing Order - Wound Care (WOUNDCARE) - Signed

Existing Meds

IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 400 mg twice a day; Route: ORAL

Electronically signed by Kimberly Sue MD on 08/20/2019 at 1:21 PM

08/20/2019 - MH Initial MH Asmt and Tx Plan: MH - Initial Mental Health Assessment and Treatment Plan

Provider: Bianca Morisset

Location of Care: Correctional Health Services

MH - Initial Mental Health Assessment and Treatment Plan

Patient:

ROBERT LURCH

DOB:

11/28/1990

Age:

28 Years Old

Book & Case #:

1411904511

NYSID:

12684777N

Facility:



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

(INITIALMH) - Signed

Electronically signed by Genette Willis on 08/18/2019 at 1:06 PM

08/18/2019 - PSYCKES Information: MR - PSYCKES Information

Provider: Elizabeth Ogaldez

Location of Care: Correctional Health Services

Form Name: MR - PSYCKES Information

Form Obs: MR - PSYCKES Information

MR - PSYCKES Information

ROBERT LURCH

BKDC

PSYCKES Information

PSYCKES Consent: Yes

PSYCKES Consent Date: 08/18/2019

Electronically signed by Elizabeth Ogaldez on 08/27/2019 at 11:49 AM

08/18/2019 - Healthix Information: MR - Healthix Bx RHIO Info

Provider: Elizabeth Ogaldez

Location of Care: Correctional Health Services

Form Name: MR - Healthix Bx RHIO Info

Form Obs: MR - Healthix Bx RHIO Info

MR - Healthix (Bronx RHIO) Information

ROBERT LURCH



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

330 Suicide Prevention 330 Suicide Prevention Form reviewed by intake clinician? **Yes**Form 330 score on intake: **0**Any shaded boxes checked? **No**Any other major medical conditions not described? **No**Community Medication Fill History Results: **PT. NOT FOUND (08/18/2019 10:13:17 AM)**Medications patient is currently taking (as reported by patient previously): **PT. STATES: NO****MEDICATION (08/18/2019 10:13:17 AM)**What medications are you taking (patient reported): **Denies**Explained to patient how to access their medications in the Housing Area **Yes****Form Obs:** INT - Step 3 - Physical Exam**INT - Step 3 - Physical Examination**

General

General Appearance: No Acute Distress**General Examination Notes:** Patient states that he was assaulted with a baseball bat prior to incarceration and sustained injuries to his head and extremities. He was treated in ED at King's County hospital and released. Head CT and X-rays are negative per patient.

He c/o musculoskeletal pain at this time. He denies headache/LOC/visual changes.

HEENT

HEENT: Eyes PERRLA, EOMI

Skin

Skin Notes: Superficial laceration closed with dermabound on Rt. forehead; 1cm vertical laceration closed with absorbable sutures on Lt. forehead; bruises on Lt. forearm; abrasion with scabs on both knees

Chest

Chest Notes: normal diaphragmatic excursion

Neck

Neck: Supple, No lymphadenopathy

Respiratory

Auscultation: Clear to auscultation bilaterally

Cardiovascular

Auscultation: RRR, Normal S1 + S2

Gastrointestinal

Abdomen: Soft, Non-tender, Non-distended, Normal bowel sounds**Liver & Spleen:** No hepatosplenomegaly

Male Genitourinary

Penis: Other**Other:** Refused genital exam

Lymphatic

Lymphatic Notes: no adenopathy

NYCHHC (NYCDOC)
Health Clinic

"Exhibit D"

Correctional Health Services Record

"Establishing the physician that treated the plaintiff at Kings County Hospital failed to prescribe the plaintiff any medication while he was in their custody even though they documented that he suffered injuries that causes pain."

Because why wasn't the plaintiff taking any medication after he was already seen at Kings County Hospital for the same injuries that NYCDOC Health Clinic professionals examined him for and deemed that it was necessary that the plaintiff be prescribed pain medication for his injuries.

Aug

2019



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

Gender Identity: **Male**
 Gender pronouns: **he - him - his**
 Accepting intake process? **Yes**
 Type of Medical Intake? **Adult Male**

INT - Step 1 - Adult Male Intake

Patient: **ROBERT LURCH** DOB: **11/28/1990**
 BooknCase #: **1411904511** NYSID: **12684777N**
 Facility: **BKDC** Housing Area:
RR

Demographics

Comfortable with English? **Yes**
 Military service? **No**
 Where living now? **Private home**

Community Medication Fill History

Community fill checked? **Yes** Comm Fill Results: **PT. NOT FOUND**
 Meds taking now: **PT. STATES: NO MEDICATION**

Allergies

Previously documented allergies: *** HALADOL (Critical)**

Allergies reported: **Added new allergy or adverse reaction of * HALADOL (Critical)**

330 Suicide Prevention Form

330 Form present? **Yes**

Medicaid Interest at Intake?

Wants Medicaid? **Yes**
 40 or older? **No** DM, HTN, Methadone? **Yes**

Weight (lbs): 153
Height (inches): 69

BP Position: **Sitting**

mm Hg

BP: **118 / 77** mm Hg

mm Hg

Temperature: **98.0** baF Temperature site: **Oral**

Pulse rate: **57** Pulse rhythm: **Regular**

Respirations: **16** Respiration Type: **Regular**



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

Added new medication of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 400 mg stat dose;
Route: ORAL Indications: MUSCULOSKELETAL PAIN - Signed
Added new medication of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 400 mg twice a day;
Route: ORAL Indications: MUSCULOSKELETAL PAIN - Signed
Rx of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 400 mg stat dose; Route: ORAL #1
DOSE x 0; Signed; Entered by: Yves Duverne PA; Authorized by: Yves Duverne PA; Method used: Print
then Give to Patient; Note to Pharmacy: Route: ORAL;
Rx of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 400 mg twice a day; Route: ORAL #8 x 0;
Signed; Entered by: Yves Duverne PA; Authorized by: Yves Duverne PA; Method used: Print then Give
to Patient; Note to Pharmacy: Route: ORAL;

Disposition**Identifiers** Select a disposition: **Return to Current Housing****ALL - Disposition****Identifiers** Select a disposition: **Return to Current Housing**

Electronically signed by Yves Duverne PA on 08/18/2019 at 11:56 PM

08/18/2019 - Medical Intake Step 1: INT - Step 1 - Intake Intro: Adult Male
Provider: Onica Charles
Location of Care: Correctional Health Services

Medical Intake Step 1

Patient: ROBERT LURCH DOB: 11/28/1990 Age 28 Years Old
BooknCase #: 1411904511 NYSID: 12684777N
Facility: BKDC Housing Area: RR

The following form is being filled out by: Onica Charles August 18, 2019 10:13 AM

Patient Demographics (from IIS) - for confirmation

Patient Address: 2 RADDE PL, 3F
City: BROOKLYN



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

08/18/2019 - Nursing: NU - Stat Medication Administration
Provider: Kinniece Pearson
Location of Care: Correctional Health Services

Form Name NU - Stat Medication Administration
Form Obs: NU - Stat Medication Administration

NU - Stat Medication Administration

ROBERT LURCH

BKDC

Book and Case:
1411904511

NYSID:
12684777N

DOB:
11/28/1990

Medication Given: ibuprofen

Medication Route: Oral

Given By: Kinniece Pearson August 18, 2019 1:50 PM

Medication Dose: 400 mg

Prescribing Provider: PA Duverne

Time Administered: 1130 am

Electronically signed by Kinniece Pearson on 08/18/2019 at 1:51 PM

08/18/2019 - Chart Maintenance: Sc scheduled for Mack 08/19/19
Provider: Genette Willis MH Clerk
Location of Care: Correctional Health Services

Clinical Lists Changes

Orders:

Added new Service order of MH Order - Initial Mental Health Assessment and Treatment Plan

NYCHHC (NYCDOC
Health Clinic)

"EXhibit E"

NYCDOC Health Clinic Medical records

"showing evidence that the Plaintiff suffered
pain from injuries related to this incident
for a duration of 1 month or more."

AQ9

SEPT

2019



Correctional Health Services



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

Gender Identity: **Male**
 Gender pronouns: **he - him - his**
 Accepting intake process? **Yes**
 Type of Medical Intake? **Adult Male**

INT - Step 1 - Adult Male Intake

Patient: **ROBERT LURCH** DOB: **11/28/1990**
 BooknCase #: **1411904511** NYSID: **12684777N**
 Facility: **BKDC** Housing Area:

RR

Demographics

Comfortable with English? **Yes**
 Military service? **No**
 Where living now? **Private home**

Community Medication Fill History

Community fill checked? **Yes** Comm Fill Results: **PT. NOT FOUND**
 Meds taking now: **PT. STATES: NO MEDICATION**

AllergiesPreviously documented allergies: *** HALADOL (Critical)**Allergies reported: **Added new allergy or adverse reaction of * HALADOL (Critical)****330 Suicide Prevention Form**330 Form present? **Yes****Medicaid Interest at Intake?**

Wants Medicaid? **Yes**
 40 or older? **No** DM, HTN, Methadone? **Yes**

Weight (lbs): 153

Height (inches): 69

BP Position: **Sitting**

mm Hg

BP: **118 / 77** mm Hg

mm Hg

Temperature: **98.0** baF Temperature site: **Oral**Pulse rate: **57** Pulse rhythm: **Regular**Respirations: **16** Respiration Type: **Regular**



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

Added new medication of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 400 mg stat dose;
Route: ORAL Indications: MUSCULOSKELETAL PAIN - Signed
Added new medication of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 400 mg twice a day;
Route: ORAL Indications: MUSCULOSKELETAL PAIN - Signed
Rx of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 400 mg stat dose; Route: ORAL #1
DOSE x 0; Signed; Entered by: Yves Duverne PA; Authorized by: Yves Duverne PA; Method used: Print
then Give to Patient; Note to Pharmacy: Route: ORAL;
Rx of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 400 mg twice a day; Route: ORAL #8 x 0;
Signed; Entered by: Yves Duverne PA; Authorized by: Yves Duverne PA; Method used: Print then Give
to Patient; Note to Pharmacy: Route: ORAL;

Disposition

Identifiers Select a disposition: **Return to Current Housing**

ALL - Disposition

Identifiers Select a disposition: **Return to Current Housing**

Electronically signed by Yves Duverne PA on 08/18/2019 at 11:56 PM

08/18/2019 - Medical Intake Step 1: INT - Step 1 - Intake Intro: Adult Male

Provider: Onica Charles

Location of Care: Correctional Health Services

Medical Intake Step 1

Patient: **ROBERT LURCH** DOB: 11/28/1990 Age 28 Years Old

BooknCase #: **1411904511** NYSID: **12684777N**

Facility: **BKDC** Housing Area: **RR**

The following form is being filled out by: Onica Charles August 18, 2019 10:13 AM

Patient Demographics (from IIS) - for confirmation

Patient Address: **2 RADDE PL, 3F**

City: **BROOKLYN**



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

08/18/2019 - Nursing: NU - Stat Medication Administration

Provider: Kinniece Pearson

Location of Care: Correctional Health Services

Form Name NU - Stat Medication Administration

Form Obs: NU - Stat Medication Administration

NU - Stat Medication Administration

ROBERT LURCH

BKDC

Book and Case:

1411904511

NYSID:

12684777N

DOB:

11/28/1990

Medication Given: ibuprofen

Medication Route: Oral

Given By: Kinniece Pearson August 18, 2019 1:50 PM

Medication Dose: 400 mg

Prescribing Provider: PA Duverne

Time Administered: 1130 am

Electronically signed by Kinniece Pearson on 08/18/2019 at 1:51 PM

08/18/2019 - Chart Maintenance: Sc scheduled for Mack 08/19/19

Provider: Genette Willis MH Clerk

Location of Care: Correctional Health Services

Clinical Lists Changes

Orders:

Added new Service order of MH Order - Initial Mental Health Assessment and Treatment Plan



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

08/30/2019 - Emergency: MED - Emergency Response

Provider: Khin Kyu MD

Location of Care: Correctional Health Services

Form Name: MED - Emergency Response

Form Obs: MED - Emergency Response

MED - Emergency Response

ROBERT LURCH

BKDC

Time of emergency call to clinic (Military Time): 0715

Time of housing area arrival (Military Time): 0725

Responding Team Members: Dr.Kyu RN Levelle PCA Wright and PCA Green

Location of emergency call: Housing Area

Nature of emergency (Chief Complaint): pat claimed that he slipped and fall , can not move .He complained of back pain and rt elbow pain.
He denied LOC , neck pain and dizziness.

* HALADOL (Critical)

Allergies reviewed: YES

Assessment and Plan**Problem # 1:**

Injury - unspecified - initial encounter (ICD-959.9) (ICD10-T14.90xA) - New Problem
c/o LBP and rt elbow pain.

Problem # 2:

Musculoskeletal pain (ICD-729.1) (ICD10-M79.10)
IBU and f/up as needed.

Summary**Added new problem of Injury, unspecified, initial encounter (ICD-959.9) (ICD10-T14.90xA)**

Added new medication of IBUPROFEN 800 MG (MOTRIN 800 MG) (IBUPROFEN) 800 mg by mouth bid;
Route: ORAL Indications: INJURY, UNSPECIFIED, INITIAL ENCOUNTER - Signed
Rx of IBUPROFEN 800 MG (MOTRIN 800 MG) (IBUPROFEN) 800 mg by mouth bid; Route: ORAL #10 x



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

Musculoskeletal

Musculoskeletal Notes: full ROM in all extremities, pulses 2+, no edema

Neurological

Neurological Notes: no focal deficits

Mental Status

Judgement & Insight: Good**Orientation:** Oriented to person/place/time**Mood & Affect:** Euthymic, Normal affect, No suicidal ideation, No homicidal ideation**Assessment and Plan****Assessment and Plan****Problem # 1:**

Laceration without foreign body of unspecified part of head - initial encounter (ICD-873.8) (ICD10-S01.91xA) - New Problem

Patient is educated. Wound care instructions are given. F/U as needed.

Problem # 2:

Musculoskeletal pain (ICD-729.1) (ICD10-M79.10) - New Problem

Educated. F/U as needed.

Related Meds: Ibuprofen 400 mg (motrin 400 mg) 400 mg twice a day, Ibuprofen 400 mg (motrin 400 mg) 400 mg stat dose

Allergy Review * HALADOL (Critical)

Allergies reviewed: YES

Problem # 3:

Unspecified nonpsychotic mental disorder (ICD-300.9) (ICD10-F99) - New Problem

Referred to mental health.

Summary

Added new problem of Musculoskeletal pain (ICD-729.1) (ICD10-M79.10) - Signed

Added new problem of Laceration without foreign body of unspecified part of head, initial encounter (ICD-873.8) (ICD10-S01.91xA) - Signed

Added new problem of Unspecified nonpsychotic mental disorder (ICD-300.9) (ICD10-F99) - Signed

Assessed Laceration without foreign body of unspecified part of head, initial encounter as new - Signed

Assessed Unspecified nonpsychotic mental disorder as new - Signed

Added new Referral order of Referral - Mental Health Routine (MHROUTINE) - Signed



Correctional Health Services



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

IBUPROFEN 800 MG (MOTRIN 800 MG) (IBUPROFEN) 800 mg by mouth bid; Route: ORAL
SERTRALINE HCL 50 MG (ZOLOFT 50 MG) (SERTRALINE HCL) 50 mg by mouth qhs; Route: ORAL
HYDROCORTISONE 1% OINTMENT 30 GM 30 GM (HC OINT 30 GM) (HYDROCORTISONE) topical to
affected area twice a day; Route: EXTERNAL

New Medications:

SERTRALINE HCL 50 MG (ZOLOFT 50 MG) (SERTRALINE HCL) 50 mg by mouth qhs; Route: ORAL

Electronically signed by David Rosenberg MD on 09/04/2019 at 7:24 PM

09/04/2019 - MH Social Work Discharge Plan: MH - Social Work Discharge Plan

Provider: Brittany Vazquez

Location of Care: Correctional Health Services

Form Name: MH - Social Work - Discharge Plan

Form Obs: MH - Social Work

MH - Social Work - Discharge Plan

ROBERT LURCH

EMTC

DOB:

11/28/1990

NYSID:

12684777N

Book and Case:

1411904511

Reason for No Show:

Release Date

If known release date, Indicate:

Known release date?



Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

Assessment and Plan

Problem # 1:

Musculoskeletal pain (ICD-729.1) (ICD10-M79.10)

Related Meds: Ibuprofen 400 mg (motrin 400 mg) 800mg by mouth twice a day

Summary

Added new medication of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 800mg by mouth twice a day; Route: ORAL Indications: MUSCULOSKELETAL PAIN - Signed
Rx of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 800mg by mouth twice a day; Route: ORAL #1 x 0; Signed; Entered by: Iceyleen Cooper PA; Authorized by: Iceyleen Cooper PA; Method used: Handwritten; Note to Pharmacy: Route: ORAL;

MED - Physical Examination

Musculoskeletal

Musculoskeletal Notes: Left forearm==> no edema, no tenderness, FROM , no deformity, no erythema

Last height: 69 (08/18/2019 10:13:17 AM) Last Weight: 153 (08/18/2019 10:13:17 AM)

BP Position: **Sitting**

mm Hg

BP: **126 / 66** mm Hg

mm Hg

baF Pulse rate: **68**

Respirations: **14**

Pulse Ox% **99**

Electronically signed by Iceyleen Cooper PA on 09/09/2019 at 1:04 PM

09/05/2019 - Mental Health: SPA

Provider: Amanda Braverman

Location of Care: Correctional Health Services



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

09/11/2019 - MH PsychMeds Bridge: MH - PsychMeds Bridge
Provider: Anna Acee NP
Location of Care: Correctional Health Services

Form Name: MH - PsychMeds Bridge
Form Obs: MH - PsychMeds Bridge

MH - PsychMeds Bridge

ROBERT LURCH

EMTC

DOB:

11/28/1990

NYSID:

12684777N

Book and Case:

1411904511

PsychMeds Bridge

Reason patient is being bridged: DOC-related event (such as lockdown or consecutive alarms)

Number of previous consecutive bridges prior to this visit: 0

Current Medications:

IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 800mg by mouth twice a day; Route: ORAL
SERTRALINE HCL 50 MG (ZOLOFT 50 MG) (SERTRALINE HCL) 50 mg by mouth qhs; Route: ORAL

New Medications:

SERTRALINE HCL 50 MG (ZOLOFT 50 MG) (SERTRALINE HCL) 50 mg by mouth qhs; Route: ORAL

Electronically signed by Anna Acee NP on 09/11/2019 at 8:56 PM

09/11/2019 - Missed Visit: ALL - Missed Visit
Provider: Anna Acee NP
Location of Care: Correctional Health Services

NVC
HEALTH+
HOSPITALS

Correctional Health Services



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

Form Name: ALL - Missed Visit

ALL - Missed Visit

ROBERT LURCH

EMTC

ROBERT LURCH

ROBERT LURCH

EMTC

Missed Visit Type

Missed Visit type? PsychMeds

The following services were missed (Psych Meds) Psych Medication Re-Evaluation

Missed Visit Comments

Date of scheduled visit? 09/11/2019

What was the reason for missed visit? Not Produced

Electronically signed by Anna Acee NP on 09/11/2019 at 8:51 PM

09/09/2019 - Sick Call: FAST TRACK back pain/left forearm pain from bat injury

Provider: Iceyleen Cooper PA

Location of Care: Correctional Health Services

MED - Sick Call Visit

FAST TRACK

Chief Complaint/Reason for Visit: back pain/left forearm pain from bat injury

History of Present Illness: 28 y/o male indicates he was hit by a bat to left arm x 3 weeks ago. Pt states he has intermittent pain, requesting pain medication.

HALDOL (Critical)



Correctional Health Services



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

Patient Information

Name: ROBERT LURCH	Home Phone:
Address: 2 RADDE PL, 3F BROOKLYN, NY 11223	Work Phone:
Patient ID: 38604	Fax:
Birth Date: 11/28/1990	Status: Active
Gender: Male	Marital Status: Single
Contact By:	Race: Black or African American
Soc Sec No:	Language:
Resp Prov:	Book and Case: 1411904511
Referred by:	Emp. Status:
Email:	Sens Chart: No
Home LOC: CHS Correctional Health Services	NYSID: 12684777N

Problems

Injury, unspecified, initial encounter (ICD-959.9) (ICD10-T14.90xA)
 Other specified trauma- and stressor-related disorder (ICD-V62.89) (ICD10-F43.8)
 Other specified disruptive impulse-control, and conduct disorder (ICD-312.89) (ICD10-F91.8)
 Laceration without foreign body of unspecified part of head, initial encounter (ICD-873.8) (ICD10-S01.91xA)
 Musculoskeletal pain (ICD-729.1) (ICD10-M79.10)

Procedures**Medications**

SERTRALINE HCL 100 MG (ZOLOFT 100 MG) (SERTRALINE HCL) 100mg by mouth hs; Route: ORAL
 RISPERIDONE - PSYCH 2 MG (RISPERDAL - PSYCH 2 MG) (RISPERIDONE) 2mg by mouth hs; Route: ORAL
 IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 800 MG TWICW A DAY AS NEEDED; Route: ORAL
 Last Refill: #1 x 0, 09/17/2019, Bernard Chukwuneke MD
 METHOCARBAMOL 500 MG (ROBAXIN 500 MG) (METHOCARBAMOL) 500 MG TWICE A DAY AS NEEDED.;
 Route: ORAL
 Last Refill: #1 x 0, 09/17/2019, Bernard Chukwuneke MD

Immunizations

HEPATITIS B, Series 1, Not Given - Patient decision, 8/18/2019

Directives**Allergies and Adverse Reactions**

HALDOL (Critical)

Services Due

NYS
HEALTH
HOSPITALS

Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC



Correctional Health Services



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

09/17/2019 - Nursing: NU-STAT/Injection Administration

Provider: Conroy Romans

Location of Care: Correctional Health Services

Form Name NU - STAT/Injection Administration

Form Obs: NU - STAT/Injection Administration

NU - STAT/Injection Administration

Patient:

ROBERT LURCH

Facility:

EMTC

Book and Case:

1411904511

NYSID:

12684777N

DOB:

11/28/1990

Medication Given: motrin

Given By: Conroy Romans September 17, 2019

Prescribing Provider: MD Chukwuneke

Assessment: AOX3, respiratory rhythm even and unlabored, PERRLA, ambulate with steady gait.

Medicated per orders, no adverse reaction noted

Medication Route: Oral

Medication Dose: 800 mg

Time Administered: 7:18 PM

Plan: return to clinic as needed

Electronically signed by Conroy Romans on 09/17/2019 at 7:20 PM

09/17/2019 - Sick Call: FAST TRACK BACK PAIN

Provider: Bernard Chukwuneke MD

Location of Care: Correctional Health Services

MED - Sick Call Visit

FAST TRACK

Chief Complaint/Reason for Visit: BACK PAIN



Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

<u>PATIENT NAME:</u> ROBERT LURCH	<u>LATEST BOOK AND CASE#:</u> 1411904511
<u>NYSID:</u> 12684777N	<u>PATIENT FACILITY:</u> EMTC

History of Present Illness: PT PRESENTS TO THE CLINIC TO PAIN MDICATIONS. HE STATED THAT PAIN MEDICATIONS HAS NOT WORKING

HALDOL (Critical)

Allergies reviewed: YES

Specialty: **MEDICINE**

Assessment and Plan

Problem # 1:

Musculoskeletal pain (ICD-729.1) (ICD10-M79.10)

PT PRESETS TO THE CLINIC FOR THE RENEWAL OF PAIN MEDICATION. IBUPROFE 800 MG BID, ROBAXIN 500 MG BID ORDERD.

Summary

Assessed Musculoskeletal pain as comment only - Signed

Added new medication of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 800MG STAT; Route: ORAL Indications: MUSCULOSKELETAL PAIN - Signed

Added new medication of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 800 MG TWICW A DAY AS NEEDED; Route: ORAL Indications: MUSCULOSKELETAL PAIN - Signed

Added new medication of METHOCARBAMOL 500 MG (ROBAXIN 500 MG) (METHOCARBAMOL) 500 MG TWICE A DAY AS NEEDED.; Route: ORAL - Signed

Rx of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 800MG STAT; Route: ORAL #1 x 0; Signed; Entered by: Bernard Chukwuneke MD; Authorized by: Bernard Chukwuneke MD; Method used: Print then Give to Patient; Note to Pharmacy: Route: ORAL;

Rx of IBUPROFEN 400 MG (MOTRIN 400 MG) (IBUPROFEN) 800 MG TWICW A DAY AS NEEDED; Route: ORAL #1 x 0; Signed; Entered by: Bernard Chukwuneke MD; Authorized by: Bernard Chukwuneke MD; Method used: Handwritten; Note to Pharmacy: Route: ORAL;

Rx of METHOCARBAMOL 500 MG (ROBAXIN 500 MG) (METHOCARBAMOL) 500 MG TWICE A DAY AS NEEDED.; Route: ORAL #1 x 0; Signed; Entered by: Bernard Chukwuneke MD; Authorized by: Bernard Chukwuneke MD; Method used: Handwritten; Note to Pharmacy: Route: ORAL;

Electronically signed by Bernard Chukwuneke MD on 09/17/2019 at 7:14 PM

09/17/2019 - MH Psych Reevaluation: MH - Psychiatry – Medication Reevaluation
Provider: Christina Charles NP